

"Blue Ribbon Kennels" Training Registration

Puppy_____ **Novice Level I** _____ **Novice Level II**_____

Applicant's Name:	
Address:	
Postal Code:	
Home Phone Number:	
Business Phone Number:	
EMAIL:	

Dog's Name:	
Breed:	
Age:	
How did you hear about these classes:	
Number of additional pets in your household:	
Where did you purchase your dog:	Breeder Pet Store Newspaper
Veterinarian:	
Date of last vaccination:	
Kennel Cough vaccination (Circle One):	Yes No

What are your top 3 goals for this training course?

I understand that I am fully responsible for myself and my dog at all times in and around the training area. I further agree not to hold the trainer or associates responsible for myself and my dog's welfare. The training fee is non-refundable and service charges are applicable for NSF cheques and make-up classes.

SIGNATURE

DATE